City of Welland
WELLAND FIRE AND EMERGENCY SERVICES
400 East Street, Welland, ON L3B 3X5
Phone: 905-735-1700 Ext. 2488 | **Fax:** 905-732-2818
Email: fireprevention@welland.ca | www.welland.ca

PERMIT PURSUANT TO BY-LAW 2003-127

APPLICATION FOR EVENT APPROVAL

PUBLIC FIREWORKS DISPLAY

Please fill out this form in full before submitting for approval

FIREWORKS SUPERVISOR'S NAME:_____ COMPANY:_____

TELEPHONE #:_____ EMAIL ADDRESS:_____

FIREWORKS SUPERVISOR'S CARD #:_____ EXPIRY DATE:_____

EVENT ORGANIZATION NAME:_____ CONTACT PERSON:_____

ORAGNIZATION'S ADDRESS: _____ TELEPHONE #:_____

LOCATION OF DISPLAY:_____

DATE & TIME OF DISPLAY:_____ RAIN DATE:_____ LENGTH OF SHOW: _____

PERMISSION TO HOLD DISPLAY OBTAINED FROM PROPERTY OWNER: ___

PROPERTY OWNER NAME: _____PHONE #:_____

Types of fireworks to be used: F1 ____ F2_____ High Level ___ Low Level ___ Ground Level ___

Size of largest shell to be used:_____ Will either of the following endorsements be required:

Nautical ___ Flying Saucer ___ Shells >155mm ___ Floating Platform ___ Rooftop, Bridge, Flatbed Firing ___

If "Yes" to any of the above – Does Fireworks Supervisor have the appropriate endorsements ___

Site orientation will be: Oblong ___ Circular ___ Minimum Distance to Spectators: _____Fallout Zone _____

Will fireworks be assembled: On site ___ Off site___ Does off site facility have an F-licence ___

Will the show be fired: Manually ___ Electronically ___ What electronic firing system: _____

If necessary, how will the show be stopped in an emergency: _____

Will cakes be used: _____ How will they be stabilized:_____

What type of racks will be used: _____

If using homemade racks has photo of the racks been attached? ___ (a video of upside-down explosion may be required)

Are all products to be used on the ERD approved list: ___

Will a 30 minute post show cool down be observed before tear down: ___

When will a post show sweep take place (daylight preferred) **: _____**

Will minimum two x 10L wet water extinguishers + one dry chemical extinguisher be on-site: ___

Will a pre-show safety talk take place: ___ Will a first aid kit be available: ___

Photocopy of Fireworks Supervisor's Card Attached: ___

Site Plan (including safety distances & emergency access) **Attached:** ___

Proof of Minimum $5,000,000 Insurance Attached: ___

City of Welland Named as Additional Insured: ___

I understand that a non-refundable permit fee of $423.75 is payable upon application.

I further understand that a $363.86 security deposit is payable upon application.

The Fireworks Supervisor shall be responsible for all clean-up including removal of all unused fireworks and all debris resulting from Display Fireworks from the property on which the event was held and from any adjacent property affected no later than 10am on the day following the event.

The security deposit shall be refunded upon satisfactory site clean-up by the Fireworks Supervisor.

I hereby certify that I have read, understood, and will be guided by all applicable rules and regulations made under City of Welland By-law 2003-127 as well as the Federal Explosives Act and the specific instructions of the fireworks manufacturers for all intended purposes of the fireworks display under application.

_____ _____

Signature of Applicant **Date**

FOR OFFICE USE ONLY

Site Plan Approved: ☐

Proper Proof of Insurance Attached: ☐

Supervisor's Card Attached: ☐

Application Information Complete and Proper: ☐

Photo of Racks and / or Video of Upside-Down Shell Explosion Required: ☐

Permission is hereby: Granted ☐

Denied ☐

If denied, reason: _____

_____

_____ _____

Signature of Chief Fire Official (Or Designate) **Date**

This Permit is issued under the authority of the Chief Fire Official in City of Welland through

City of Welland By-Law 2003-127